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Bib Data Sheet

CONFIRMATION NO. 6776

SERIAL NUMBER 10/649,689	FILING DATE 08/28/2003 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 1021.43073X00
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APPLICANTS

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** CONTINUING DATA *****

none ✓

** FOREIGN APPLICATIONS *****

JAPAN 2003-195455 07/11/2003 ✓

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/22/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY GERMANY	SHEETS DRAWING 20	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
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TITLE

Blood sugar level measuring apparatus

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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1068		<input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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